

# Twist and Shout: A Case Report of Twisted Pouch Syndrome

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## Introduction

- IPAA is recommended to restore gastrointestinal continuity after total proctocolectomy in UC patients with medically refractory disease or dysplasia
- Complications that occur after reanastomosis include small bowel obstruction, pouchitis, cuffitis, and pouch dysfunction
- We describe a patient with symptoms and imaging concerning for obstruction from pre-pouch ileum stricture but unremarkable pouchoscopy due to suspected twisted pouch syndrome

## Case Presentation

- 61 yo M with medically refractory ulcerative pancolitis s/p total proctocolectomy with IPAA (2018) presented with obstructive symptoms
- CTE showed distended stomach and small bowel with multiple air-fluid levels as well as distal narrowing and a transition point at the anastomosis
- Endoscopy revealed a few aphthous ulcers in distal pre-pouch ileum; the anastomosis was easily traversed without obvious stricture. He improved with conservative management
- Obstructive symptoms recurred 8 months later, and CT re-demonstrated suspected stricture proximal to pouch with dilation of the distal ileum and scattered areas of distal small bowel thickening
- Pouchoscopy showed few patchy aphthous ulcers in the pre-pouch ileum, a dilated ileum, an angulated pouch inlet, one moderate sized ulcer at the anastomosis, and a large aphthous ulcer following the pouch inlet that caused narrowing but no stricture
- He was ultimately diagnosed with twisted pouch syndrome

## Images



Image 1: Dilated distal ileum with wall thickening and segment of luminal narrowing proximal to pouch.

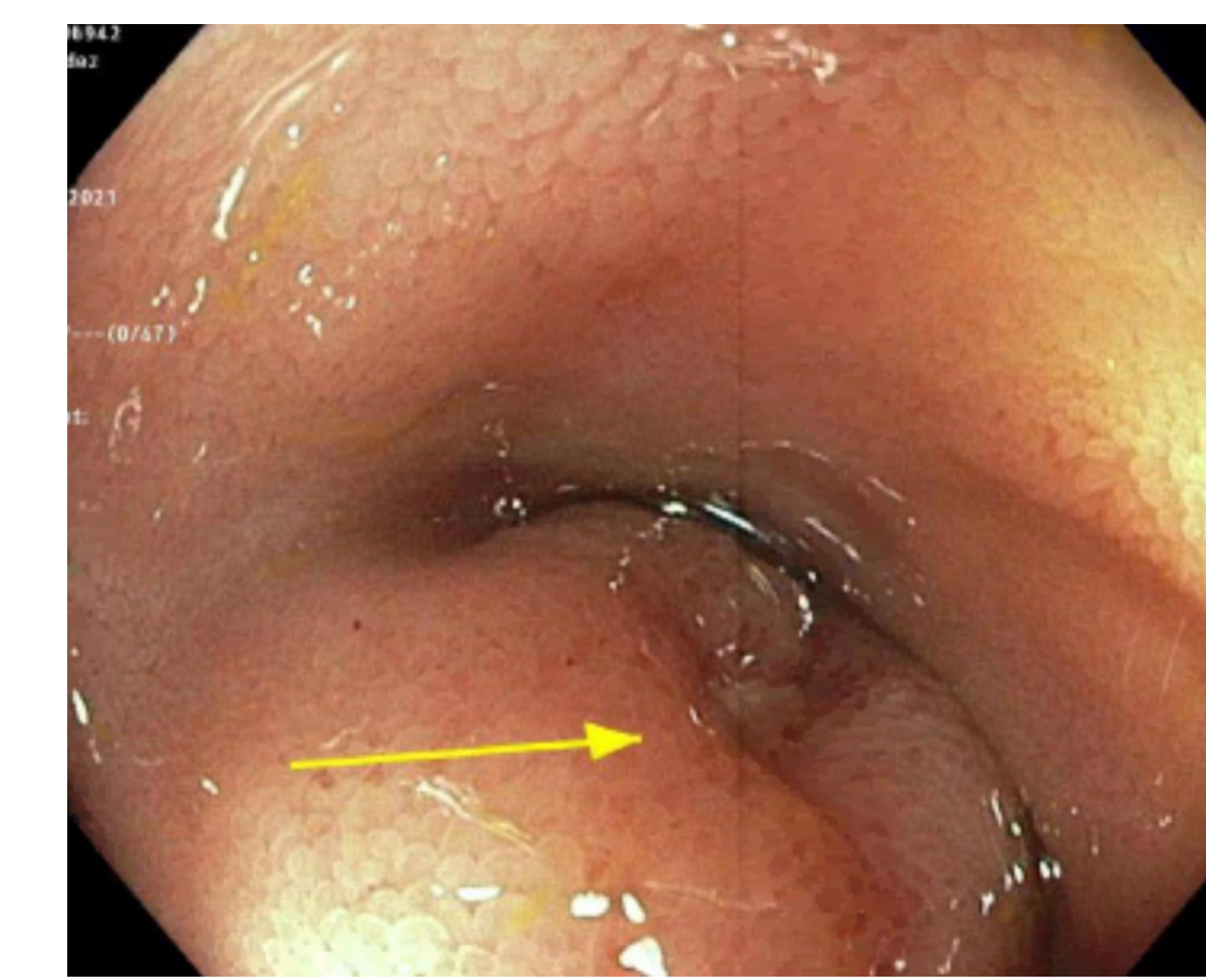


Image 2: Narrowing caused by large ulcer in pre-pouch ileum

## Discussion

- Twisted Pouch Syndrome (TPS) is a rare type of pouch dysfunction thought to be caused by intraoperative misalignment of the ileal pouch and manifests as erratic bowel habits, unexplained abdominal or pelvic pain, and obstructive symptoms
- Most cases are diagnosed intra-operatively and treated with surgical revision. Less than 25% of patients are diagnosed with pouchoscopy and imaging despite thorough workup
- The patient described here has a presentation consistent with twisted pouch syndrome, and the pouch ulceration and pouchitis he developed could be due to mechanical stress and vascular insufficiency secondary to the twisting
- More literature and awareness of this syndrome is needed to aid in proper diagnosis and management of these patients

## References

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